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SUPPLEMENTAL DECLARATION FOR REISSUE PATENT APPLICATION TO CORRECT "ERRORS" STATEMENT (37 CFR 1.175)

to respond to a collection of informat	on prises il contains a valid CIMB corana munici				
Attorney Docket Number	0108185,00128US1				
First Named Inventor	Archibald I. J. BRAIN				
COMP	LETE # known				
Application Number	09/803452-Conf_#8539				
Filing Date	March 8, 2001				
Art Unit	3743				
Examiner Name	A. J. Lewis				

I/We hereby declare that:

Every error in the patent which was corrected in the present relssue application, and which is not covered by the prior extray once in the potent which has confected in this application, arose without any deceptive intention on the part of the applicant.

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity their. Parsonel information such as social security rumbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment or cream card numbers (other train a crieck or cream card touribrization from FTC-2008 submitted by payment purposes) is never required by the USPTO to support a patition or an application, if this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider reducting such personal information from the documents before submitting them to the USPTO. Petitioners/applicant is advised that the neumation from the accumental belone summaining mean to the CSF1C. Permohetrappiscant is advised that the neutral of a patient application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patient. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patient (see 37 CFR 1.14). Checks and credit card authorization forms PTC-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

IWe hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on was narrow oscare that an examinents make neven or myrour dan knowledge are true and that an examinents make on information and ballef are believed to be true; and further that these statements were made with the knowledge that willift false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquardize the validity of the application or any patent issued thereon.

Name of Sol	le or First Inventor:				A petition has	been filed	for this unsig	gned inv	entor	
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inventor's Signatura	Aril	Lould	lea J		Som	Date			2006	
	cond inventor:				A petition has				artor .	
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inventor's Signature						Data	L			
Name of Third Inventor:			A petition has been tiled for this unsigned inventor							
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		Docket Number (Optional)
REISSUE APPLICATION: CONSENT O STATEMENT OF NON-ASSIGN	MENT	0108195.00128US1
This is part of the application for a reissue patent based Name of Patentee(s) Archibald I. J. BRAIN	on the original pate	nt identified below.
Patent Number	Date Patent Issued	
5,878,745	March 9, 1999	
Title of Invention GASTRO-LARYNGEAL MASK		
<ol> <li>X Filed herein is a statement under 37 CFR 3.73</li> <li>Ownership of the patent is in the inventor(s), a</li> <li>One of boxes 1 or 2 above must be checked. If multiple box 2 is checked, skip the next entry and go directly to the written consent of all assignees and inventors own.</li> </ol>	nd no assignment of e assignees, comple "Name of Assignee".	the patent is in effect.
The assignee(s) owning an undivided interest in said or and the assignee(s) consents to the accompanying app	iginal patent is/are lication for reissue.	1 ,
Name of assignee/inventor (if not assigned)		
Indian Ocean Medical Inc		
Signature	Date	f June 2006.
Typed or rejected name and title of nerson signing for as	signee (if assigned)	T

David Contis-Bennett
Title: //n にている



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	re required to respond to a collection of information unless it displays a valid OMB control number.				
STATEMENT UNDER 37 CFR 3.73(b)					
Applicant/Patent Owner: Archibald I. J. BF	RAIN				
Application No./Patent No./Control No.: 09/803452	Filed/Issue Date: March 8, 2001				
Entitled: GASTRO-LARYNGEAL MASK					
Indian Ocean Medical Inc.	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)				
(Name of Assignee) states that it is:	(1),000				
1. X the assignee of the entire right, title	e, and interest; or				
an assignee of less than the entire					
(The extent (by percentage) of its of	ownership interest is%)				
in the patent application/patent identified about	ve by virtue of either:				
was recorded in the United States Pi	of the patent application/patent identified above. The assignment atent and Trademark Office at Reel 015334 . copy of the original assignment is attached.				
OR					
B. A chain of title from the inventor(s), of assignee as follows:	of the patent application/patent identified above, to the current				
1. From:	To:				
The document was recorded in Reel, Frame	the United States Patent and Trademark Office at , or for which a copy thereof is attached.				
2. From:	To:				
The document was recorded in	the United States Patent and Trademark Office at				
Reel, Frame	, or for which a copy thereof is attached.				
3. From:	To:				
	the United States Patent and Trademark Office at				
<u> </u>	, or for which a copy thereof is attached.				
	n of title are listed on a supplemental sheet.				
to the assignee was, or concurrently is	documentary evidence of the chain of title from the original owner being, submitted for recordation pursuant to 37 CFR 3.11. of the original assignment document(s)) must be submitted to 7 CFR Part 3, to record the assignment in the records of the USPTO.				
1/him	Us authorized to act on behalf of the assignee.				
Signature	-i 248 344 770.				
David Curtis-Bennett Printed or Typed Name	Telephone Number				
() DECTAR	·				
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